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THEADERTH	Α, ΓΑ 17103		_		12.101	(Signature)		
			-		71/01	(Date)		
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	/ A [†]	FORNEY DOCKET NO.	CONFIRMATION NO.		
10/777,387 TILE OF INVENTION	02/12/2004 SEAMLESS HANDOI	FF SYSTEM AND METI	Fatih M. Ozluturk HOD	05/24/2007 HGUTEMA	1-2-0100.3US 2 00000068 090435	10777387		
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APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FE	E TOTAL FEE(S) DUE	DATE DUE		
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EXAM	INER	ART UNIT	CLASS-SUBCLASS					
TRAN, CO		2617	455-435000					
CFR 1.363).	ence address or indication		2. For printing on the p (1) the names of up to	3 registered patent att	omeys Nolpe &	Koenig, P.C.		
Change of corresp Address form PTO/SI	ondence address (or Cha 3/122) attached.	ange of Correspondence	or agents OR, alternatively,					
"Fee Address" ind PTO/SB/47; Rev 03-0 Number is required.	ication (or "Fee Address 2 or more recent) attack	" Indication form ned. Use of a Customer	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
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(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
InterDigital Technology Corporation Wilmington, DE								
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1a. The following fee(s) Issue Fee	are submitted:	4	b. Payment of Fee(s): (Ple	ase first reapply any p	reviously paid issue fee sl	nown above)		
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		7/						
Typed or printed name Gerald B. Half Jr. Registration No. 37,633								
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PTO/SB/21 (09-04) Approved for use through 07/31/2006. U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE are required to respond to a collection of information unless it displays a valid OMB control number Application Number 10/777,387 TRANSMITTAL Filing Date February 12, 2004 First Named Inventor **FORM** Fatih M. Ozluturk Art Unit 2617 Examiner Name Congvan Tran (to be used for all correspondence after initial filing) Attorney Docket Number 1-2-0100.3US

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ENCLOSURES (Check all that apply)									
X	Fee Trans	smittal Fo	orm		Drawing(s)			After Allowance Communication to TC Appeal Communication to Board	
	L Fe	e Attach	ed		Licensing-related Papers			of Appeals and Interferences	
	Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53		Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD Remarks				Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): PTOL-85		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT									
Firm N	VOLPE AND KOENIC, P.C.								
Signature									
Printed name Gerald B. Halt, Jr.									
Date 5		2/09		Reg. No.	37,63	37,633			
CERTIFICATE OF TRANSMISSION/MAILING									
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Date

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	Application Number 10/777,387								
FEE TRA	Filing Date February 12, 2004			04					
For	FY 20	007		First Named Inv					
				Examiner Name	•	Congvan Tran			
Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2617									
TOTAL AMOUNT OF PAYM	Attorney Docket	t No.	I-2-0100.3US						
METHOD OF PAYMENT	(check all	that apply)	-						
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 09-0435 Deposit Account Name: InterDigital Comm. Corp.									
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FEE CALCULATION				<u></u>					
1. BASIC FILING, SEARGE Application Type Utility	FILING F			CH FEES Small Entity Fee (\$) 250	EXAN Fee		Fees Paid (\$)		
Design	200	100	100	50	130	.00			
Plant	200	100	300	150	160				
Reissue	300	150	500	250	600				
Provisional	200	100	0	0	0				
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Small Entity Fee (\$) Fee (\$) 25 25 100 100 180									
Total Claims			Paid (\$) Multiple Dependent Claims						
- 20 or HP = HP = highest number of total or Indep. Claims - 3 or HP = HP = highest number of indepe	Extra Claim	<u>Fee (\$)</u> _ x	=	Paid (\$)		<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		
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4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)							Fees Paid (\$)		
Other (e.g., late filing	surcharge)	Issue Fee and Pu	blicatio	n_Fee			1700.00		
SUBMITTED BY		/19							

Registration No. (Attorney/Agent) 37,633 Telephone 215-568,6400 Signature Name (Print/Type) Gerald B. Halt Ir. Date

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